

**Cross Point Emmaus  
Board Scholarship  
Application - PILGRIM**

Walk Number           # \_\_\_\_\_                      Men's \_\_\_\_\_                      Women's \_\_\_\_\_

Candidate's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Sponsor's Phone \_\_\_\_\_

Candidate's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Scholarship Rules:**

1. A deposit equal of 50% of the current fee must be paid to be eligible.
2. Scholarships are limited to funds available.
3. Only ONE scholarship may be granted in a 12 month period.

<b><u>*For Registrar's Use Only*</u></b>	
Deposit Paid:	\$ _____
Date Paid:	_____
Amount of Scholarship	\$ _____
Registrar's Signature	_____
Date	_____